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PRISON NUMBER

PLACE OF CONFINEMENT

ADDRESS

GOOSEFEL EN ZOAN DOVAL

SAN DIE GO CA

CONTRA 17)

United States District Court Southern District Of California

GRACE L. SANDOVAL

Plaintiff/Petitioner/Movant

SAN DIEGO COUNTY

Defendant/Respondent

78 CV 1 623 BEN JMA

Civil No.

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes (No) (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

| Yes

? Ye

Do you receive any payment from the institution?

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

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Are you currently employed? Yes No a. If the answer is "Yes," state the amount of			
a. If the answer is "Yes," state the amount of you and address of your employer.	ur take-home salary or	wages and pay period	and give the nan
b. If the answer is "No" state the date of			
b. If the answer is "No" state the date of your last pay period and the name and address of your last	employment, the amo	unt of your take-home	salary or wages
WESTWAYS STATE	employer.		
GUI MERCITON	FINA S	ERVICES	
SAM DOME	ST. SUV	E 210	
- STIN DIE GO ()	4 42/11	\$/10.00	1/40/200
In the annual of			MINIES
In the past twelve months have you received any na. Business, profession or other self-employment	noney from any of the	following sources?	PERLIE
D. Kent payments, royalties interest and its	• • • • • • • • • • • • • • • • • • • •	sources!	1211000
THE PROPERTY OF THE PROPERTY O	Yes No		
- Disability of Workers compensation	Yes No		
Social Security, disability or other welfare Gifts or inheritances	Yes (No		
Spousal or child support	Yes No		
Any other sources	Yes		
file and the second	(Yes) No		
f the answer to any of the above is "Yes" describe xpect you will continue to receive each month	each source and state i	he amount received a	
xpect you will continue to receive each month.		and an icectaed a	nu wnat you
TOURNALDY IN	ISURANCE.		
40,00 EACH 1.11	SEL		
o you have any checking account(s)? (Yes)	NI.		
Name(s) and address(es) of bank(s)	15 EADCH	1 + A-110	
Present balance in account(s): 200, 00) ITHIAC	BANK	
you have any savings/IRA/money market/CDS's Name(s) and address(es) of bank(s): // (CDT) / (CDT)	SCDarate from checking		
Name(s) and address(es) of bank(s): WELLS Present balance in account(s):	S ENRAD E	accounts? (Yes) No
Present balance in account(s): #4,00	FANGOE		
47,80			
you own an automobile or other motor vehicle?	(Yes) No	* A	
Make: LLO AII) A V	Model: AIVIA		
Is it financed? Yes No If so, what is the amount owed?	UIVIC		

, 7 .	Do you own any real extent excels to
	Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
	If "Yes" describe the property and state its value.
8.	List the persons who are dependent on you for support, state your relationship to each person and indicate how
	much you contribute to their support.
•	현대를 통해 대한 교육에 발표되는 이 원칙으로 보고 있는 것이라고 있다. 전 분이 가장을 보고 한 경에 가장 있다. 이 분이 되었다. ♣ 4명 전 : 현대를 하고 있는 것이 되었다. 이 전 기계를 가장 하는 것이 되었다.
, y.	List any other debts (current obligations, indicating amounts owed and to whom they are payable):
	는 이 사람들은 경우 사람들이 발생되었다. 이 경우 사람들이 되었다. 그는 사람들이 되었다는 것이 되었다. 그는 사람들이 되었다. 그는 사람들이 가장하는 것이 되었다. 그렇게 되었다는 사람들이 가게 되었다. 그는 사람들이 생각하는 사람들이 되었다. 그렇게 되었다는 것이 되었다. 그 것이 되었다.
10	그렇게 얼마를 가는 하는 것이 되는 것이 되는 것이 하는 것이 없는 것이 없는 것이다.
10.	List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets.
31,0	savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):
	TET ENSIDA SOLTAN, MATTRESS, JVC
	else's name]): JEWEZRY, artwork, or any other assets [include any items of value held in someone TELEVISION, OLOTHES, SHOES,
	회 선생님은 그 회사에는 그들이 가득한 속속 문화 하시는 도와 회사가 된 것으로 한다면 되었다면 하는데 나는 사람들이 되는 것이다.
11.	If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of 6 - 1 - 6
· · ; · ·	anywhere on this form, you <u>must</u> explain the sources of funds for your day-to-day expenses.
·	
dec	lare under penalty of perjury that the above to
tate	lare under penalty of perjury that the above information is true and correct and understand that a false ment herein may result in the dismissal of my claims.
$\mathcal{S}\epsilon$	PTEMBER 4, 2008
	H_{Λ}
	Trace & Farndmiral
	DATE SIGNATURE OF APPLICANT

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If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

Certify that the applicant		
(INMATE'S CDC NUMBER) has the sum of \$	Pplicant	
(NAME OF INSTITUTION) further certify that the applicant has the following securities to his/her credit according to the records of the aforementioned institution. I further certify that during past six months the applicant's average monthly balance was \$ and the average monthly deposits to the applicant's account was \$ ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2) Date SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION OFFICER'S FULL NAME (PRINTED)	(NAME OF INMATE)	
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IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2) Date Signature of Authorized Officer of Institution Officer's Full Name (Printed)	EMENT SHOULD BE THE TRUST ACCOUNT.	
DATE SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION OFFICER'S FULL NAME (PRINTED)	PRECEDING THE STATE OF THE SIX-MONTH PERIOD	
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TRUST ACCOUNT WITHDRAWAL AUTHORIZATION (Incarcerated applicants only)

(This form MUST be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I.

(Name of Prisoner/CDC No.)

custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \square \$150 (civil complaint) or \square \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE SIGNATURE OF PRISONER

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